

# Department of Regulation & Licensing

State of Wisconsin  
(608) 266-5521

TTY# (608) 267-2416, hearing or speech  
TRS# 1-800-947-3529, impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-3816

## DIVISION OF BOARD SERVICES

### REQUIREMENTS FOR OBTAINING AN AMATEUR OR PROFESSIONAL BOXING CLUB LICENSE

#### APPLICATION:

Complete the application in its entirety and forward, along with the license fee and appropriate documents, to the Boxing Section at the above address.

An AMATEUR club must have amateur standing by being a member in a recognized amateur athletic association.

#### FEES:

- a. AMATEUR CLUB: Enclose \$10 annual fee.
- b. PROFESSIONAL CLUB: Enclose \$25 for cities with a population of not more than 50,000 inhabitants.  
  
\$50 for cities with a population of 50,000 to 150,000 inhabitants.  
  
\$300 for cities with a population over 150,000 inhabitants.

#### INCORPORATION PAPERS:

A club must be a corporation organized under the laws of Wisconsin and its membership limited to persons who have been continuous residents in the State for at least one year. To obtain incorporation papers, contact the Department of Financial Institutions at (608) 261-9555.

If this application is for initial licensure, the club must submit a copy of its Articles of Incorporation and proof that the Department of Financial Institutions has filed the Articles pursuant to sec. 180.0123, Stats.

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## DIVISION OF BOARD SERVICES

### APPLICATION FOR BOXING CLUB LICENSE

Information requested is required for processing.

\_\_\_\_\_, (applicant), a corporation organized under the laws of  
(Name of Club)

Wisconsin and located at: \_\_\_\_\_

(Address of Club)

hereby applies for a license as a boxing club under Chapter 444, Stats. In support of this application, applicant verifies that:

- (1) The application is for a(n): ☐ Amateur Boxing Club ☐ Professional Boxing Club
- (2) Club membership is limited to persons who have been continuous residents in Wisconsin at least one year.
- (3) Applicant is a corporation currently in good standing with the Department of Financial Institutions. (Note: If this application is for initial licensure, the club must submit a copy of the Articles of Incorporation and proof that the Department of Financial Institutions has filed the articles pursuant to sec. 180.0123, Stats.)
- (4) If this application is for an AMATEUR boxing club, the club is a member of a recognized amateur athletic association known as: \_\_\_\_\_
- (5) That the following are the names and addresses of all officers and directors of the club. (Note: If application is for a PROFESSIONAL club license, also list all persons having an ownership interest in the professional club. If more space is needed, continue on the back side.)

| NAME | ADDRESS | TITLE |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |

*I swear under penalty of perjury that I am an officer in the above-named corporation and that the information provided on this application is true to the best of my knowledge and belief.*

**For Receipting Use Only**

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Date

( )  
\_\_\_\_\_  
Daytime Telephone Number

# Department of Regulation & Licensing

State of Wisconsin

(608) 266-2112

TTY# (608) 267-2416<sup>1</sup> hearing or speech

TRS# 1-800-947-3529<sup>1</sup> impaired only

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E-Mail: [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

## ADDENDUM TO APPLICATION

Information requested is required for processing.

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

|  |  |  |   |  |  |   |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|
|  |  |  | - |  |  | - |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|

Social Security Number or FEIN

Date of Birth

Type of Credential

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

## INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.<sup>5</sup>

## DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.<sup>6</sup> If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.<sup>2</sup>

#2380 (Rev. 10/00)

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

<sup>5</sup> Section 440.14, Wis. Stats.

<sup>6</sup> Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code